



State of California Secretary of State

S**E-S82006
FILED**

Statement of Information
(Domestic Stock and Agricultural Cooperative Corporations)
FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

In the office of the Secretary of
State of the State of California

Jun - 12 2013

This Space For Filing Use Only

1. CORPORATE NAME

CRUNCHYROLL, INC.

88 STEVENSON STREET
SAN FRANCISCO CA 94105

2. CALIFORNIA CORPORATE NUMBER C2884495

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to **Item 17**.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
88 STEVENSON STREET 2ND FLOOR SAN FRANCISCO CA 94105			

5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE

6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
KUN	GAO 355 FIRST STREET SAN FRANCISCO CA 94105			

8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
BRADY	MCCOLLUM 13515 PLEASANT VALLEY LANE GRASS VALLEY CA 95945			

9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
KUN	GAO 355 FIRST STREET SAN FRANCISCO CA 94105			

Names and Complete Addresses of All Directors, Including Directors Who Are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
JAMES LIN	128 WOOD STREET #3 SAN FRANCISCO CA 94118			

11. NAME	ADDRESS	CITY	STATE	ZIP CODE
BRANDON OOI	201 HARRISON ST. #831 SAN FRANCISCO CA 94105			

12. NAME	ADDRESS	CITY	STATE	ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY: 0

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O.Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS

MICHAEL PATRICK

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
801 CALIFORNIA STREET MOUNTAIN VIEW CA 94041			

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
ANIME VIDEO STREAMING

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

06/12/2013

DATE

DESIREE THERIANOS

TYPE/PRINT NAME OF PERSON COMPLETING FORM

DIRECTOR OF OPERATION:

TITLE

SIGNATURE